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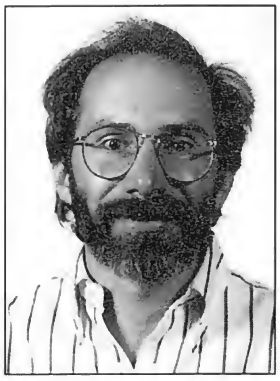
IN THIS ISSUE

ENHANCED INTUITIVE PSYCHOTHERAPY



by Gary D. Chaikin, MD

Dr. Gary D. Chaikin is a 1982 graduate of Emory University School of Medicine in Atlanta, Georgia. He completed a psychiatric residency in the United States Air Force at Wilford Hall Medical Center, Texas, in 1986. Dr. Chaikin is currently employed at Gundersen Lutheran Medical Center, La Crosse, Wisconsin, as director of psychiatric education and medical director of adult outpatient services. He is an associate professor at the University of Wisconsin-La Crosse, and supervises numerous psychotherapists. He attended the GATEWAY VOYAGE *in October 1999 and joined the Professional Division at that time. Dr. Chaikin has a special interest in the applications of an integral psychology and is assisting clients to handle difficulties in their lives and evolve their awareness through a biopsychosocial model. Recently he has begun to incorporate altered states of consciousness into that model.*

I have often wondered, "What would it be like if I could do psychotherapy by getting into my clients' heads?" Like most therapists, I've had to settle for just their verbal and nonverbal communications. But is this enough when working with those who come to us with spiritual issues? I glimpsed an answer to those questions at The Monroe Institute's Professional Seminar in March 2000, during Dominique A. De Backer's presentation on Synchrotherapy™. Mme De Backer took us inside the consulting room for a look at clinical cases in which she used Hemi-Sync to enter altered states with her clients. The depth, rate, and intensity of treatment were accelerated, and apparent spiritual breakthroughs occurred.

For some time I've been developing a clinical model for working with clients at different levels of awareness. During this period I came upon the work of Ken Wilber, whose theories concerning The Spectrum of Consciousness closely paralleled my own clinical principles. [*See sidebar.*] The majority of my clients have come into treatment with issues at what I characterize as the moral level. Therapy is oriented toward growth and stabilization in awareness at what may be termed the ethical level. However, as treatment draws to an end, or sometimes even at the beginning, deeper spiritual concerns come to the forefront. Psychiatrists are usually not taught to work at the spiritual level. This compounds the client's difficulty in accessing this deeply buried and unacknowledged core material. How are we to get at this level of awareness?

The Spectrum of Consciousness

This is Ken Wilber's theory of the evolution of human awareness, based on the classic Perennial Philosophy. Its central premise is that consciousness evolves in a holoarchy, with higher/deeper levels transcending and including lower/superficial levels. Wilber defined these levels as progressing from Preconventional to Conventional, to Postconventional, and ultimately to Transconventional. My clinical model, also based on The Spectrum of Consciousness, is a holoarchy proceeding from Narcissistic to Moral, to Ethical, and to Spiritual. Reality is constructed through the lens of self in Narcissism, right and wrong in Morality, what is best in Ethics, and soul in Spirituality.

Reading Joseph McMoneagle's book *Mind Trek* contributed to the resolution of that question. McMoneagle claims it is possible to target politically important people and remote-view their thoughts, feelings, and attitudes. If his natural ability and training enabled him to do so, why couldn't I develop a similar capacity? After all, my patients often accused me of "reading their minds"! McMoneagle states that the presence of a protocol to eliminate front-loading differentiates remote viewing from psychic functioning. In contrast, successful psychotherapy depends on front-loading the present therapeutic context with everything that has preceded it in treatment. Therefore, what I was going to do could not be characterized as therapeutic remote viewing. As empathy is to emotion and as understanding is to thought, so intuition is to spirit. I was going to attempt enhanced intuitive psychotherapy.

Ericksonian hypnosis taught me a principle that became very important at this juncture: in the course of hypnosis, the best trance inductions and guidance occur when both the therapist and the subject are in an altered state of consciousness (Gilligan). What better way to achieve that objective than by using Hemi-Sync and sharing the same Focus level? Each spiritual tradition has its unique technology. Shamans since antiquity have utilized drums, plants, and fetishes; modern healers have computers, compact discs, and Hemi-Sync.

The candidates I selected to work with a combination of psychotherapy and Hemi-Sync were drawn from two groups: those who had reached and could maintain an ethical level of awareness as a result of our prior work, and those just beginning therapy who still responded primarily from a moral level of awareness. The equipment was set up in a quiet, comfortable, distraction-free environment. A split outline from the sound equipment powered our open-air headphones, which allowed us to hear each other clearly. I controlled the volume and selected Hemi-Sync material to suit the treatment task.

The first point to determine is whether the therapist or the Hemi-Sync recording will guide the work. When the therapist is directing, nonverbal material such as *Transcendence* or *METAMUSIC Remembrance* is employed. For Hemi-Sync-guided sessions, the *GATEWAY EXPERIENCE* and programs such as *POSITIVE IMMUNITY, OPENING THE HEART, GOING HOME*, or *HUMAN-PLUS* are used. Throughout the exercise the therapist maintains ever-hovering attention—open to the experience, actively listening, postponing assignment of meaning. The patient learns to achieve and sustain a Focus state, find a "kind and wise" spiritual guide, receive three messages from the Universe, or recapitulate a memory. The practitioner mentally files symbols and imagery encountered during the process for later interpretive use. As the end of the exercise approaches, the client is assured that he or she will remember and understand only what the conscious mind can handle. It is also suggested that feelings of relaxation will carry over into the rest of the day.

When both the therapist and client are alert in C1 (everyday consciousness), the equipment is taken off, the room is illuminated, and the client is asked to talk about his or her experience. The therapist writes down any intuitive metaphors. Therapy then proceeds based on the psychotherapist's psychodynamic model of choice, e.g., Freudian, Jungian, or Transpersonal. With enhanced intuitive psychotherapy there is a significant addition: the therapist's metaphors are introduced into the process. The patient free-associates to those images or uses an instrument such as Arrien's Preferential Shapes Test. The latter is a cross-culturally validated test using archetypal symbols (spiral, circle, square, triangle, and cross) with universal meanings. The patient's ranking of the shapes from one to five gives deep insight into the unconscious via the language of images rather than words. It is important to avoid literalization during interpretation because both the client's and the therapist's productions in the Hemi-Sync ambience are from unconscious sources and obey the rules of dream psychology. I prefer to use Wilmer's Jungian dream analysis, in which the client relates the experience twice and then free-associates to significant elements. Ultimate meaning rests with the subject, and the therapist stays alert for verbal or behavioral cues from the client that confirm the analytical interpretation.

A typical session runs approximately seventy minutes and includes an intake interview, thirty to forty-five minutes of Hemi-Sync, and a post-session discussion. Based on the session, further experiential " homework" is assigned utilizing Hemi-Sync to extend awareness. The following case studies demonstrate the possibilities for enhancing the psychotherapeutic process.

Case #1 – S.R.

This forty-year-old female had had spinal muscular atrophy for more than fourteen years. She was now in a wheelchair and suffered from significant depression. Antidepressants had been prescribed, and the patient had been seen in psychotherapy every other week for approximately eleven months in order to work on transforming her awareness from the moral to the ethical level. She used the *POSITIVE IMMUNITY PROGRAM* at home for several months in hope of engaging her T–cells to repair nervous system damage. Failure to progress led her to abandon the program, and sessions using enhanced intuitive psychotherapy were initiated. In one session,

hypnotic induction was used to initiate an altered state of consciousness. Using the system as presented in the *POSITIVE IMMUNITY PROGRAM*, hypnotic induction progressed from C1 through Focus 10 and 12, and finally attained Focus 15. Once in Focus 15, classic guided imagery of the meadow (Leuner) was introduced with the intention of contacting an inner guide. While both participants were experiencing Focus 15, the therapist—remaining open to intuitions from the patient—visualized a coil or spiral and an arc. He had once interpreted the arc as a mountain in an experience with another patient. Upon returning to C1, the client was asked to free-associate to those elements. The spiral reminded her of the "spring on a door." She then began to cry and spoke of a place in Heber Springs, Arkansas, that she had gone to as a seventeen-year-old. S.R. had been dating and could "do things that [I] can't do now," such as a "climb to the top of Sugar Mountain" behind the town with a young man. The session was a breakthrough, for this patient had never been willing to discuss her life prior to her illness.

Case #2 – R.J.

A thirty-year-old female physician assistant student, divorced, with one seven-year-old child, was being treated for depression. The patient was going to school out of state and dating a young man back home with the difficulties attendant on a long-distance relationship. In this meeting we had planned to work with the *GATEWAY EXPERIENCE, Discovery*, tape 3, but the therapist decided to use *GOING HOME, Flying Free*. At the point where the listener flies with Robert Monroe, the therapist got an image of the client flying hand-in-hand with a woman who was blond like herself. The therapist wondered if this was her sister and "heard" the response, "No, my sister does not have blond hair." Back in C1, the therapist asked, "How was your experience?" She said, "Relaxing," and described clouds and a rainbow. The client then recalled becoming "angry" at the instruction to "fly alone." "I did not want to fly by myself!" The therapist inquired whether she had a sister. She said, "Yes, two years younger" and "She's a redhead." Immediately on being told of the therapist's image, the client responded: "That was my best friend, since first grade. She's blond. I was flying with her [during the exercise], [because] I did not want to be alone. I share all my spiritual experiences with her." This led to a discussion of why she did not want to be alone. It was depressing to her, and she was "afraid to die alone." When questioned about her belief about what happens after death, she replied, "You rejoin people from the past . . . maybe . . . I feel I don't deserve that." R.J. was assigned homework with *Release & Recharge* during which she was to remember times when she felt alone. Work with *Free Flow 10* was initiated to find an internal guide to ameliorate R.J.'s inner loneliness. This patient had never talked about her loneliness or her spiritual beliefs until the therapist's intuitive insight created an opening to do so.

Case #3 – G.V.

A fifty-one-year-old female, with insulin-dependent diabetes and a history of stroke that caused a mild decrease in concentration and vision, was originally seen for depression due to job stress. The patient was on antidepressants and underwent therapy with the goal of elevating her level of awareness from the moral to the ethical level. Achieving this goal resolved her depression and led to significant improvement at work. The client then expressed a desire to pursue a spiritual path, which she had experienced after her stroke and from which she now felt disconnected because of the work situation. G.V. was loaned the *GATEWAY EXPERIENCE, Discovery* and *Threshold*. She felt that these exercises helped her "reconnect with God," although she was still unable to bring compassion into relationships at work, and held on to resentment for "what they did to her." We began by discussing the boss's "favoritism" toward another female employee. The client wanted to detach from the "unfairness" of the situation. Using the *GATEWAY EXPERIENCE, Adventure, Free Flow 12*, therapist and client entered Focus 12. The therapist first visualized himself floating in front of the semiprone patient, then opening her eyes and looking out from her point of view. He saw an image of chickens, then a farm with a red barn. A thought flashed into his mind, "Who was the favorite in this patient's family while growing up?" He consciously speculated that it might have been her brother because of the rural environment. When asked, "How was your experience?" G.V. promptly responded, "Okay, but my eyes wanted to move; they wanted to open." To the question, "Who was the favorite child in your family?" she replied that her older sister was her mother's favorite after they had left the farm. She "loved the farm" and had lived there until age five. It transpired that her mother had raised chickens, and the patient became the father's favorite after the family relocated. This led to a very constructive conversation regarding G.V.'s relationship to her mother and its association to the current scenario at work. Afterward, the client was able to develop compassion for her coworkers and felt further along on her spiritual path.

Case #4 – C.J.

This forty-year-old male, with obsessive-compulsive traits and chronic mild depression, works in the medical field. Another therapist referred him for Hemi-Sync-enhanced psychotherapy. In the patient's third session, while utilizing the *GATEWAY EXPERIENCE, Discovery, Advanced Focus 10*, the therapist flashed on images of Bryce Canyon, which he had visited many years before. Back in C1, the patient was asked, "Have you ever been to Bryce Canyon?" C.J. answered, "No," with a smile and said, "I was just talking to one of my patients about Bryce Canyon. . . . I'm going there when I retire" (an event far in the future). The therapist commented, "When you're able to relax?" with the tacit meaning, "What are you waiting for?" The client replied, "Yes," with an overtone of "aha!" From that point on he has become happier, improvements are continuing within his marriage and family, and he no longer brings up the past—he just wants to experience more Hemi-Sync. The therapist hadn't thought of Bryce Canyon in years!

Do we therapists actually get inside our patients' heads or is this just an interesting metaphor? The answer to that question will depend on the theoretical model employed to filter the information and one's own level of awareness. Ken Wilber and other philosophers maintain that consciousness is an evolving process. If consciousness evolves, then therapeutic

techniques must keep pace in order to serve clients' needs. By combining natural talent and learning with practice, we can develop the skill of intuiting or knowing information about our patients that is not ordinarily available and utilize it in their therapeutic care. The source of such presentiments may be controversial, but their value has proven to be pivotal in many cases. As long as we heed the warnings to avoid taking our intuitions literally and to validate our metaphors, the insights obtained through this process are a beneficial part of treatment. And, as stated in the introduction to this article, additional tools are necessary for clients with spiritual issues. According to Wilber, spiritual transformation requires a consistent spiritual practice. That viewpoint might be taken as a mandate to "do this and take the experience that comes." Hemi-Sync embedded in enhanced intuitive psychotherapy provides experiences of deeper layers of the Self and builds a bridge between the levels of awareness through interpretation of those experiences.

Although the need for front-loading prevents validating enhanced intuitive psychotherapy by the same criteria as remote viewing, these case reports show that it has substantial worth. The process can be employed across a wide variety of subjective and consensual models of therapy. It is a mental/psychic skill that can be learned and strengthened with practice and experience—from symbols to images, through intuitions, and finally to knowing. Deeper insights into the Self, sometimes obtainable only through intuitive mental processing, can assist clients to move past internal blocks, as well as open new paths for growth. Most patients find that this client-centered approach fulfills their needs and provides a much-needed connection to spiritual essence.

Critics may say of enhanced intuitive psychotherapy—as they have said of remote viewing and psychic functioning in general—that mistakes can be made, erroneous interpretations advanced, and that the process is not 100 percent accurate. I would respond in the same vein as Mr. Joseph McMoneagle, that nothing in life works perfectly. All one has is a greater or a lesser probability. As one of my hypnosis training supervisors said, "If you use good judgement, you will not hurt anyone; and you may certainly help a lot of people."

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Binaural-Beat-Induced Theta EEG Activity and Hypnotic Susceptibility

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Six participants varying in degree of hypnotizability (two lows, two mediums, and two highs) were exposed to three twenty-minute sessions of a binaural-beat sound stimulation protocol designed to enhance theta brain-wave activity. The Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C), was used for pre- and post-stimulus measures of hypnotic susceptibility. A time-series analysis was utilized to evaluate anterior theta activity in response to binaural-beat sound stimulation over baseline and stimulus sessions. The protocol designed to increase anterior theta activity resulted in a significant increase in percent theta for five of six participants. Hypnotic susceptibility levels remained stable in the high-susceptible group and increased significantly in the low- and medium-susceptible groups.

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